• • • • • • • • • • • • • • • • • • • •													cation or Docket Number			
PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999  09 633														339	330	
CLAIMS AS FILED - PART I (Column 1) (Column 2)											ALL PE	ENTITY	OR	OTHER SMALL		
FOR			NUMBER FILED			NUMBER EXTRA				RA	TE	FEE		RATE	FEE	
BASIC FEE			77			entra fina en entra en entra Arterial en en entra en entra en				~ 1°, 1		345.00	OR	325 W.F	690.00	•
TOTAL CLAIMS			minus 2			0= •				X\$	9=	-	OR	X\$18=		
INDEPENDENT CLAIMS			minus 3			·   · _				X39	9=	39	OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT										+13	0=	-	OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2										TOT	AL	384	OR	TOTAL		
2 / CSLAIMS AS AMENDED - PART II														OTHER		
						Column 2) (Column 3) HIGHEST			l i	SMA	\LL	ENTITY	OR	SMALL		
ENT A		REMAII AFTE AMENDI	NING R		PF	NUMBER REVIOUS PAID FOI	R BLY	PRESENT EXTRA		RAT	re	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total '	· /,		Minus		20		= ()		X\$	9=		OR	X\$18=		est
	Independent	· 5	/ 	Minus				= 0		X39	)=		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+13	0≃		OR	+260=			
9-13-64											DTÁL			TOTAL		12
E	c. ant.	(Colum	nn_1)		(0	Column	2)_	(Column 3)	_	ADDIT.	FEE	<u> </u>		ADDIT. FEE		
AMENDMENT B		CLAI REMAII AFTE AMEND	NING R		PI	HIGHES' NUMBER REVIOUS PAID FOI	R SLY	PRESENT EXTRA		RAT	rE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	Available C
	Total	•		Minus	••			=		X\$ 9	9=		OR	X\$18=		Ιċ
	Independent	•	25.44	Minus	••			=		X39	)=		OR	X78=		V CODY
H	FIRST PRESENTATION OF MULTIPLE DEPE					NDENT CLAIM				+13	0=		OR	+260=		
										TC ADDIT.	OTAL		OB	TOTAL ADDIT. FEE		
		(Colun	n 1)		((	Column	2)	(Column 3)		ADDI1.	FEE		•	AUUN. FEE	<u> </u>	
AMENDMENT C		CLAII REMAII AFTE AMENDI	MS NING R		PI	HIGHES NUMBER REVIOUS PAID FOI	R SLY	PRESENT EXTRA		RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	,
	Total			Minus				=		X\$ 9	9≃		OR	X\$18=		
	Independent	•		Minus	••	•		=		X39	) <u>-</u>			X78=	<b></b>	1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										-		OR		<b> </b>	1
	t the enterin set		. sh.a **	no antarin acti	me ^	ueita "A"	in co	lumo 3		+130			OR	+260=		1
***	f the entry in colu If the "Highest Nu If the "Highest Nu The "Highest Nun	mber Previ Imber Previ	ously Pa	aid For IN THI aid For IN THI	S SPA	ACE is le: ACE is le	ss tha iss tha	in 20, enter "20. In 3, enter "3."		ADDIT.				TOTAL ADDIT. FEE lumn 1.	L	